

**Texas Department of Insurance, Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**PART I: GENERAL INFORMATION**

Requestor's Name and Address:	MFDR Tracking #:	M4-06-1283-01
	DWC Claim #:	
	Injured Employee:	
	Date of Injury:	
Respondent Name and Box #: PACIFIC EMPLOYERS INSURANCE CO. REP. BOX #: 15	Employer Name:	
	Insurance Carrier #:	

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary: "I live in chronic, severe pain each and every day. I have lifetime medical but trying to come up with money to pay for dr's visits and medicine for medical treatment that I should be entitled to at the ins. carriers expense has been very devastating on my family..."

Principle Documentation:

1. DWC 60 package
2. Total Amount Sought - \$900.00
3. Receipts
4. EOB
5. Medication Record

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary: The Respondent did not submit a position summary.

PART IV: SUMMARY OF FINDINGS

Eligible Dates of Service (DOS)	CPT Codes and Calculations	Part V Reference	Amount Ordered
07/01/05, 07/06/05, 07/14/05, 07/20/05, 07/27/05, 08/03/05, 08/18/05, 08/25/05, 08/31/05, 09/08/05, 09/15/05, 09/22/05, 09/29/05	Office Visits for weekly medications	1 – 2	\$810.00
Total:			\$810.00

PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION

Texas Labor Code Section 413.011(a-d), titled *Reimbursement Policies and Guidelines*, and 28 Texas Administrative Code (TAC) Section 134.202, titled *Medical Fee Guideline* effective for professional medical services on or after August 1, 2003, set out the reimbursement guidelines.

1. These services were denied by the Respondent with reason code "N – Not appropriately documented."
2. According to the receipts submitted with this dispute, the injured worker incurred out-of-pocket expenses for office visits. The Requestor in this case, Garland W. Laws, is now deceased. The medical records were obtained from Best Recovery Health Care, L.P. and show that Mr. Laws received treatment for the disputed

dates of service. Therefore, in accordance with Division Rule at 28 Texas Administrative Code Section 133.307(f), reimbursement in the amount of \$900.00 is recommended.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Section. 413.011(a-d), Section. 413.031 and Section. 413.0311
28 Texas Administrative Code Section. 134.202, 133.307
Texas Government Code, Chapter 2001, Subchapter G

PART VII: DIVISION DECISION AND/OR ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Section 413.031, the Division has determined that the Requestor is entitled to reimbursement. The Division hereby **ORDERS** the Carrier to remit to the Requestor the amount of \$810.00, due within 30 days of receipt of this Order.

ORDER:

Authorized Signature

Auditor III
Medical Fee Dispute Resolution

August 17, 2009

Date

PART VIII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division Rule 148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 Rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.